

**FEC FORM 5**

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**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation DEFENDERS OF WILDLIFE ACTION FUND		3. FEC Identification Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C90007907</div>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1130 17TH STREET NW		
(c) City, State and ZIP Code WASHINGTON DC 20036		
2.	<b>Corporate filers only</b> Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Individual filers only</b> Name of Employer _____ Occupation _____		

**4. TYPE OF REPORT (check appropriate boxes):**

- (a) ☐ April 15 Quarterly Report      ☒ 24-Hour Report      ☐ 48-Hour Report
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment?      Yes ☐      No ☒

**5. COVERING PERIOD: FROM**

M M

 / 
 

D D

 / 
 

Y Y Y Y

THROUGH

M M

 / 
 

D D

 / 
 

Y Y Y Y

6. TOTAL CONTRIBUTIONS .....

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

22121.00

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

**TYPE OR PRINT NAME OF PERSON COMPLETING FORM****SIGNATURE****DATE**

Anne Saer

10/26/2006

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee

MSHC Partners

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	0	6

Mailing Address

1155 15th Street

Amount

2011.00

City

Washington

State

DC

Zip Code

20005

Purpose of Expenditure

Mailing

Category/  
Type

006

Office Sought:

☒

House

State: AZ

House

☐

Senate

District: 1

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Rick Renzi

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election  
for Office Sought

.00

Full Name (Last, First, Middle Initial) of Payee

MSHC Partners

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	0	6

Mailing Address

1155 15th Street

Amount

2011.00

City

Washington

State

DC

Zip Code

20005

Purpose of Expenditure

Mailing

Category/  
Type

006

Office Sought:

☒

House

State: AZ

House

☐

Senate

District: 5

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JD Hayworth

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election  
for Office Sought

.00

Full Name (Last, First, Middle Initial) of Payee

MSHC Partners

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	0	6

Mailing Address

1155 15th Street

Amount

2011.00

City

Washington

State

DC

Zip Code

20005

Purpose of Expenditure

Mailing

Category/  
Type

006

Office Sought:

☒

House

State: CA

House

☐

Senate

District: 4

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

John Doolittle

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election  
for Office Sought

.00

(a) SUBTOTAL of Itemized Independent Expenditures .....

6033.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **3 / 5**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee

MSHC Partners

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	0	6

Mailing Address

1155 15th street

Amount

2011.00

City

Washington

State

DC

Zip Code

20005

Purpose of Expenditure

Mailing

Category/  
Type

006

Office Sought:

☒

House

State: CA

House

☐

Senate

☐

President

District: 11

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Richard Pombo

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election  
for Office Sought

.00

Full Name (Last, First, Middle Initial) of Payee

MSHC Partners

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	0	6

Mailing Address

1155 15th St

Amount

2011.00

City

Washington

State

DC

Zip Code

20005

Purpose of Expenditure

Mailing

Category/  
Type

006

Office Sought:

☒

House

State: CO

House

☐

Senate

☐

President

District: 4

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

marilyn Musgrave

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election  
for Office Sought

.00

Full Name (Last, First, Middle Initial) of Payee

MSHC Partners

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	0	6

Mailing Address

1155 15th Street

Amount

2011.00

City

Washington

State

DC

Zip Code

20005

Purpose of Expenditure

Mailing

Category/  
Type

006

Office Sought:

☒

House

State: FL

House

☐

Senate

☐

President

District: 8

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Ric Keller

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election  
for Office Sought

.00

(a) SUBTOTAL of Itemized Independent Expenditures .....

6033.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **4 / 5**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee

MSHC Partners

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	0	6

Mailing Address

1155 15th St

Amount

2011.00

City

Washington

State

DC

Zip Code

20005

Purpose of Expenditure

Mailing

Category/  
Type

006

Office Sought:

☒

House

State: IN

House

☐

Senate

☐

President

District: 2

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Chris Chocola

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election  
for Office Sought

.00

Full Name (Last, First, Middle Initial) of Payee

MSHC Partners

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	0	6

Mailing Address

1155 15th St

Amount

2011.00

City

Washington

State

DC

Zip Code

20005

Purpose of Expenditure

Mailing

Category/  
Type

006

Office Sought:

☒

House

State: IN

House

☐

Senate

☐

President

District: 9

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Mike Sodrel

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election  
for Office Sought

.00

Full Name (Last, First, Middle Initial) of Payee

MSHC Partners

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	0	6

Mailing Address

1155 15th St

Amount

2011.00

City

Washington

State

DC

Zip Code

20005

Purpose of Expenditure

Mailing

Category/  
Type

006

Office Sought:

☒

House

State: IN

House

☐

Senate

☐

President

District: 8

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

John Hostettler

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election  
for Office Sought

.00

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

6033.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 5 / 5

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee  
MSHC Partners

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	0	6

Mailing Address  
1155 15th St

Amount

2011.00

City  
WashingtonState  
DCZip Code  
20005Purpose of Expenditure  
MailingCategory/  
Type

006

Office Sought:

☒

House

State: KY

House

☐

Senate

District: 3

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:  
Anne NorthupCalendar Year-To-Date Per Election  
for Office Sought

.00

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee  
MSHC Partners

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	0	6

Mailing Address  
1155 15th St

Amount

2011.00

City  
WashingtonState  
DCZip Code  
20005Purpose of Expenditure  
MailingCategory/  
Type

006

Office Sought:

☒

House

State: MN

House

☐

Senate

District: 1

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:  
Gil GutknechtCalendar Year-To-Date Per Election  
for Office Sought

.00

Disbursement For:

☐

Primary

☐

General

☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....

4022.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

22121.00